



**CHILD PASSENGER SAFETY
INSPECTION STATION
MONTHLY SUMMARY FORM**

(Summary forms must be submitted monthly to the Bureau of Highway Safety CPS

Coordinator)

Reporting Date(Month/Year):	Agency/Location:		
Mailing Address:	City:	State: ME	Zip Code:

Site Information:

Certified Technician Team:

Site Technician Name:	Certification #:
Additional Technician Name:	Certification #:
Additional Technician Name:	Certification #:
Additional Technician Name:	Certification #:
Additional Technician Name:	Certification #:

SUMMARY:

Education/Installation Service Provided (please provide number totals)	
# of parents/caregivers	
# of Expectant Mothers	
# of children present	
# of CSS inspected	
# of CSS with deficiencies	
# of defect notices provided	
# of CSS arrived uninstalled	
# of CSS checked before	

Type of CSS inspected (please provide number totals)	
Base only	
Infant w/o base	
Infant with base	
RF convertible	
FF w/harness	
BP Booster	
Car Bed	
Vest	

ESTIMATED Technician Time and Dollar Match
Time Total:
Dollar Total:

Feedback:

Please offer comments or recommendations that may assist us in the future.

--

Site Instructor/Technician Signature

Date